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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

June 25, 2015

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2015
Illinois Valley Cellular
WC Docket No. 14-58**

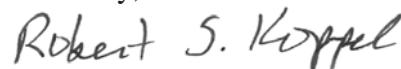
Dear Secretary Dortch:

Illinois Valley Cellular, on behalf of its three operating entities (1) Illinois Valley Cellular RSA 2-I (SAC 349008 in Illinois); (2) Illinois Valley Cellular RSA 2-II (SAC 349009 in Illinois); and (3) Illinois Valley Cellular RSA 2-III (SAC 249010 in Illinois), by its counsel, hereby submits a separate FCC Form 481 -- Carrier Annual Reporting Data Collection Form – for each of its three operating entities pursuant to Sections 54.313 and 54.422 of the Commission's Rules.

Each FCC Form 481 has been filed with the Universal Service Administrative Company ("USAC").

Please contact the undersigned if you have any questions.

Sincerely,



Robert S. Koppel
David Nace

Attorneys for:
Illinois Valley Cellular

Enclosures

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	349010
<015> Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Michelle Owens
<035> Contact Telephone Number: Number of the person identified in data line <030>	8157953200 ext.119
<039> Contact Email Address: Email of the person identified in data line <030>	mowens@ivcel.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 349010i11510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 349010i11610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Not Applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 349010i11010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

 <110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

 <111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	owens@ivcel.com

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivccl.com

[illegible]

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|-------|--|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning; |
| <923> | Marketing services in a culturally sensitive manner; |
| <924> | Compliance with Rights of way processes |
| <925> | Compliance with Land Use permitting requirements |
| <926> | Compliance with Facilities Siting rules |
| <927> | Compliance with Environmental Review processes |
| <928> | Compliance with Cultural Preservation review processes |
| <929> | Compliance with Tribal Business and Licensing requirements. |

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
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<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext. 119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.ivcel.com/plans/c/other/lifeline-calling-plan/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	MICHAEL OWENS
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext. 119
<039>	Contact Email Address - Email Address of person identified in data line <030>	moewens@ivc81.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 149010
<015> Study Area Name ILLINOIS VALLEY CELLULAR RSA 2 - III
<020> Program Year 2016
<030> Contact Name - Person USAC should contact regarding this data Michelle Owens
<035> Contact Telephone Number - Number of person identified in data line <030> 8157953200 ext. 119
<039> Contact Email Address - Email Address of person identified in data line <030> mowens@ivcel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐
(Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐
☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☐
☐
☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
(3023) Underlying information subjected to a review by an independent certified public accountant

☐
☐

- (3024) Underlying information subjected to an officer certification.

☐
☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	349010
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext. 119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ILLINOIS VALLEY CELLULAR RSA 2 - III	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/18/2015
Printed name of Authorized Officer: Michelle Owens	
Title or position of Authorized Officer: Chief Financial Officer	
Telephone number of Authorized Officer: 8157953200 ext.119	
Study Area Code of Reporting Carrier: 349010	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	349010
<015> Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
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<030> Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035> Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039> Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings Including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivccl.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - III
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Gwens
<035>	Contact Telephone Number - Number of person identified in data line <030>	8157953200 ext.119
<039>	Contact Email Address - Email Address of person identified in data line <030>	mgwens@ivcel.com
<810>	Reporting Carrier	Illinois Valley Cellular RSA 2-III
<811>	Holding Company	Not Applicable
<812>	Operating Company	Illinois Valley Cellular RSA 2-III

[illegible]

Illinois Valley Cellular

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Illinois Valley Cellular (“IVC”) has reviewed the service quality and consumer protection practices which it follows in connection with its provision of voice and broadband services. IVC hereby certifies that it is in compliance with the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

Illinois Valley Cellular

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."¹ Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)"² in connection with their provision of voice and broadband services.

Illinois Valley Cellular ("IVC") hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice and broadband services.

For its central office, IVC has 8 hours of battery back-up as well as a natural gas back-up generator and the ability to deploy a diesel generator in the event of both electrical and natural gas failures. In addition, IVC has eight hours of battery back-up at all cell sites, generators at 12 sites, and the ability to deploy portable generators if necessary.

IVC has multiple trunk groups to different carriers, enabling it to re-route traffic around damaged facilities. In addition, IVC has extra capacity in its core network, and actively monitors traffic reports to determine if re-routing is required. IVC is also able to prioritize 911 and other emergency calls.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

These facilities and capabilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) IVC will be able to reroute traffic around damaged facilities; and (3) IVC will be capable of managing spikes in traffic resulting from emergency situations.

Illinois Valley Cellular

Line 1010 – Voice Services Rate Comparability

Illinois Valley Cellular only provides mobile wireless service. It does not provide fixed voice service. Therefore, a description of fixed voice service rate comparability is not applicable.